

City of Sandpoint  
**HISTORIC NEIGHBORHOOD DISTRICT (HND) APPLICATION**  
**AND**  
**HISTORIC COMMERCIAL DISTRICT (HCD) APPLICATION**

**CERTIFICATION**  
**RECERTIFICATION**  
**OR CHANGE OF BOUNDARIES**

REGISTRATION DATE \_\_\_\_\_

APPLICATION FOR NEIGHBORHOOD GROUPS INTERESTED IN BEING CERTIFIED BY THE PLANNING AND ZONING DEPARTMENT, CITY OF SANDPOINT.

**ASSOCIATION NAME:** \_\_\_\_\_

PROPOSED BOUNDARIES:    NORTH: \_\_\_\_\_  
                                     EAST: \_\_\_\_\_  
                                     WEST: \_\_\_\_\_  
                                     SOUTH: \_\_\_\_\_

(Attach a map)

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Per Citizen Participation Guidelines (Approved by Mayor and Council \_\_\_\_\_, Item \_\_\_\_\_) "The organization must clearly involve a 'neighborhood' with boundaries clearly stated that do not overlap the boundaries of other neighborhood associations."

**NOTE:** If the boundaries your association proposes overlap those of another registered association, you must demonstrate that the overlapping territory will create a contiguous and continuous addition to your association's proposed territory and that a majority of the residents/owners of properties within that overlapping territory wish to cease membership in the older existing association and wish to become a member of your new association.

Certification is not intended or designed to qualify the applicant or its officers or members for membership, grants, standing, etc., with any other organization, agency or department. Satisfaction of other entities' requirements must be done independently of or in addition to the P&Z certification process.

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APPLICATION FILED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

SIGNATURE\*: \_\_\_\_\_

BRIEF STATEMENT OF OBJECTIVES AND GOALS, CONCERNS AND INTEREST OF THE ASSOCIATION:

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\*By signing this application you affirm that you are duly authorized to speak/apply and act as contact on behalf of the applicant association/neighborhood group and affirm that you have read the attached (above-referenced) registration guidelines, that you understand them and that your association or group, intends to comply with these guidelines and to promptly develop and file documents consistent with those guidelines.

COMPLIANCE DATE: (P&Z USE ONLY): \_\_\_\_\_